

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-20-03.

### I. DISPUTE

Whether there should be reimbursement for DME item A4649.

### II. FINDINGS

1. The requestor billed \$2,000.00 for the disputed surgical supply.
2. The respondent paid \$0.00 based upon "N – The documentation that was received does not provide enough detailed information to determine the appropriateness of the billed service/procedure."
3. Total amount in dispute per TWCC-60 is \$2,000.00.
4. The insurance carrier submitted a timely response to the request for medical dispute resolution. The response did not contain a position regarding the dispute, other than EOB denial."

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-26-02	A4649	\$2000.00	\$0.00	N	DOP	Rule 133.307(g)(3)(D)	Disctrode catheter – the requestor failed to document per Rule 133.307(g)(3)(D). DOP was not met per General Instructions GR (III); therefore, no reimbursement is recommended.

### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (A4649)

The above Findings and Decision are hereby issued this 28<sup>th</sup> day of May 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division